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Bib Data Sheet

CONFIRMATION NO. 4457

|  |  |   |                        |                                  |                         |
|--|--|---|------------------------|----------------------------------|-------------------------|
| SERIAL NUMBER<br>10/520,866  | FILING OR 371(c)<br>DATE<br>01/11/2005<br>RULE   | CLASS<br>330  | GROUP ART UNIT<br>2817 | ATTORNEY DOCKET NO.<br>NL 020624 |                         |
| <b>APPLICANTS</b><br>Guillaume De Cremoux, Nijmegen, NETHERLANDS;                          |  |   |                        |                                  |                         |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB03/02724 06/25/2003  |  |   |                        |                                  |                         |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 02077856.9 07/16/2002 |  |   |                        |                                  |                         |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR COUNTRY<br>NETHERLANDS   | SHEETS DRAWING<br>8    | TOTAL CLAIMS<br>17               | INDEPENDENT CLAIMS<br>1 |
| <b>ADDRESS</b><br>24737  |  |   |                        |                                  |                         |
| <b>TITLE</b><br>Capacitive feedback circuit  |  |   |                        |                                  |                         |
| FILING FEE RECEIVED<br>900   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                  |                         |